Adminis TRAVE	tration	IFORNIA ISE CLAI / 9/2007)	IM	onal							Page	of Pages		•	37710		
STD 262 A (REV 9/2007) CLAIMANT'S NAME SSAI								SAN OR EMPLOYEE NUMBER					DEPARTMENT				
Frank McCarton POSITION CB/ID NUMBER						DIVI	DIVISION OR BUREAU					CAIEMA INDEX NUMBER					
POSITION CB/ID NUMBER Undersecretary E99						Exec	Executive Office					2000 Executive Office					
	ICE ADDR				HEADQUARTERS ADDRESS 3650 Schriever Avenue					TELEPHONE NUMBER (916) 845-8506							
CITY STATE ZIP CODE							CITY STATE					ZIP CODE					
CITY		SIAIL		211 0	JUL		er CA	500			95655		10.000				
89	WORK HOU	RS:		3357000		(2) PR	IVATE VEHIC	LE LICENS	SE No.:		0.50	SE RATE CL	Alivieu.				
0800 - 1700 4) / YEAR (6)				(7)	(8)	MEALS	MEALS		(10) TRAN SPORTA		TION			11)	(12)		
MONTH			TION	LODGING			O.T.,L/T.		(A) COST OF TRANS.	210/2000/000	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
2/2010 LOCATION				BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	200000000000000000000000000000000000000										
(5) DATE TIME		WHERE EXPENSESES WERE INCURRED															
2/22		11				-10.0 €	18.00			sc	9,00	9			27.00		
		a	nd Return								''-		1				
2/19	0600-2200	Home	to LA and		6.00	40:00	18.00	<u> </u>		SC	9,00	0			33,00		
	0000-2200		Return								7,00	-	-	-	33,00		
														C			
													10	S			
											-		0	OUBITI	-		
			1											-			
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															N. F.		
											 	-	 	32	0		
											-		-				
							20.00			_	18.00	1			92.00		
(10) SUBTOTAL					6.00	-20:00	36.00				-30.00	1		L	-92.00		
4) PURPOS		CLAIM TOT REMARKS AND		ATTACH REC	CEIPTS/VOUC	HERS WHE	N REQUIRE))		***************************************					(60,00		
2/	19/2010: Purp	ose of trip to ose of trip for	attend LA R	TTAC							- E				2000		
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. PGA 99650			PCA	PROJECT WOR		OBJ A	O AMOUN	IT OBJ	A0 /	O AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL		
			99650		PHASE	292	62:00	42,0293	E	30:00-18.00	>				102.00- 60.1		
ADDI	NEV. FORD	STILLOTT TVO.											-	-			
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													-	-	-		
			-	_		_								 			
				TOTALS			42.00	0		18,00			+		92:00 60,0		
5) I HERE	BY CERTIFY	That the above	is a true sta			e as incurre		cordance v	ith DBA or	les in the serv	ice of the State	e of California	a. If a privately	owned vehic bed by SAM S	le was used.		
nd if milage r	rates exceed to	ne minimum rat	ie, I certify, the	the cost of	operating the	venicle was	equal to or g	reater trior	The rate Cl	amov, and the	- 1 - NIO	> '		DATE,			
h _2		4 3	<u>_</u>	-	4/11	12/2	(16) SIGNA	111-				- IMENT		7/	O		
		-	ALIE TITLE		gn reversy	10			- 4					DATE			
(37) epro:	AL EXPENSES			1266 nue 1													